

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

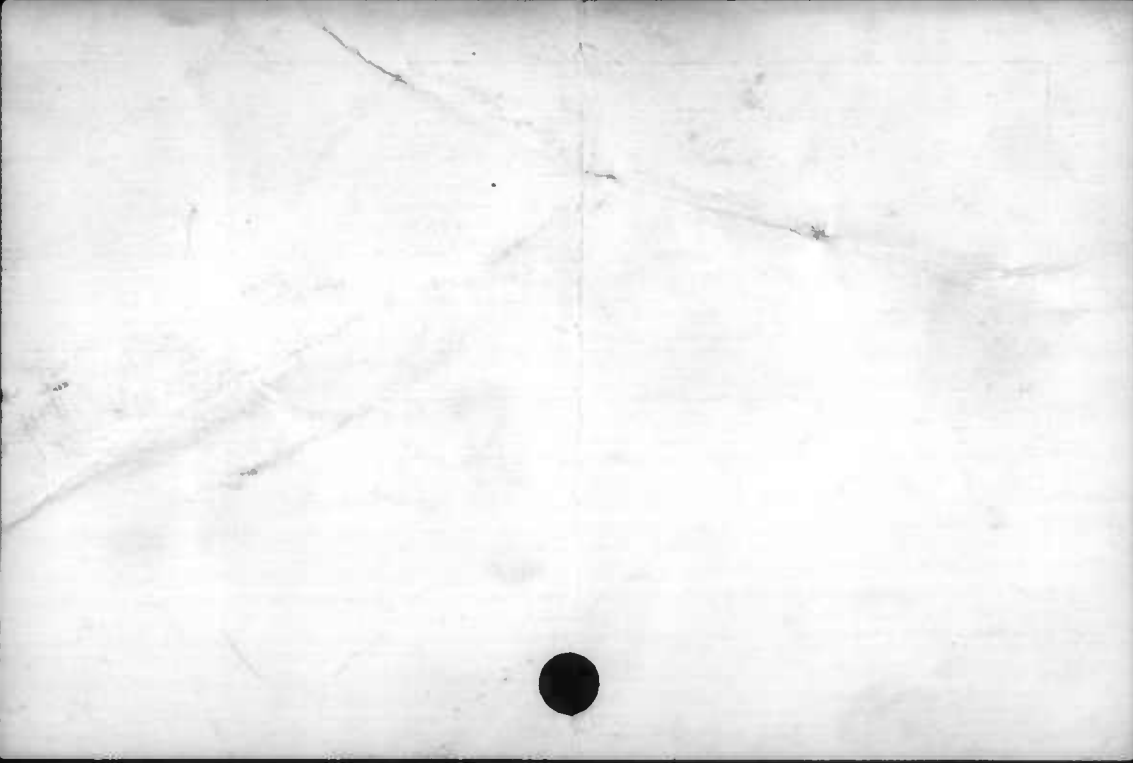
Died at <i>Blacksburg</i>		Town <i>Blacksburg</i>		County <i>Pr Wm</i>		MARYLAND	
Date of death <i>1966 Apr 4</i>		Month <i>Apr</i>		Days <i>4</i>		Age <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Atlanta Ga</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Charles Anderson</i>		Father's Birthplace <i>Easton Md</i>					
Mother's Maiden Name <i>Ida Galloway</i>		Mother's Birthplace <i>Blacksburg</i>					
Name of person giving Information <i>Levitt Galloway</i>		How related to deceased <i>uncle</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>7 days</i>
Immediate <i>concomitant</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. A. Willis</i>
	Address <i>Hyattsville, Md</i>
Accident or Suicide <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Infant of Harry & Sadie Bivens

Town

County

MARYLAND

Died at Oxon Hill Pr Geo

Date of death 1960

Month 4

Day 6

Age

Years

Months

Days 1

Sex

Female

Color or Race

White

Birth-place

Id.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Harry Bivens

Father's Birthplace

Id.

Mother's Maiden Name

Sadie Dean

Mother's Birthplace

Id.

Name of person giving Information

Harry Bivens

How related to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth

Immediate

undeveloped organism

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

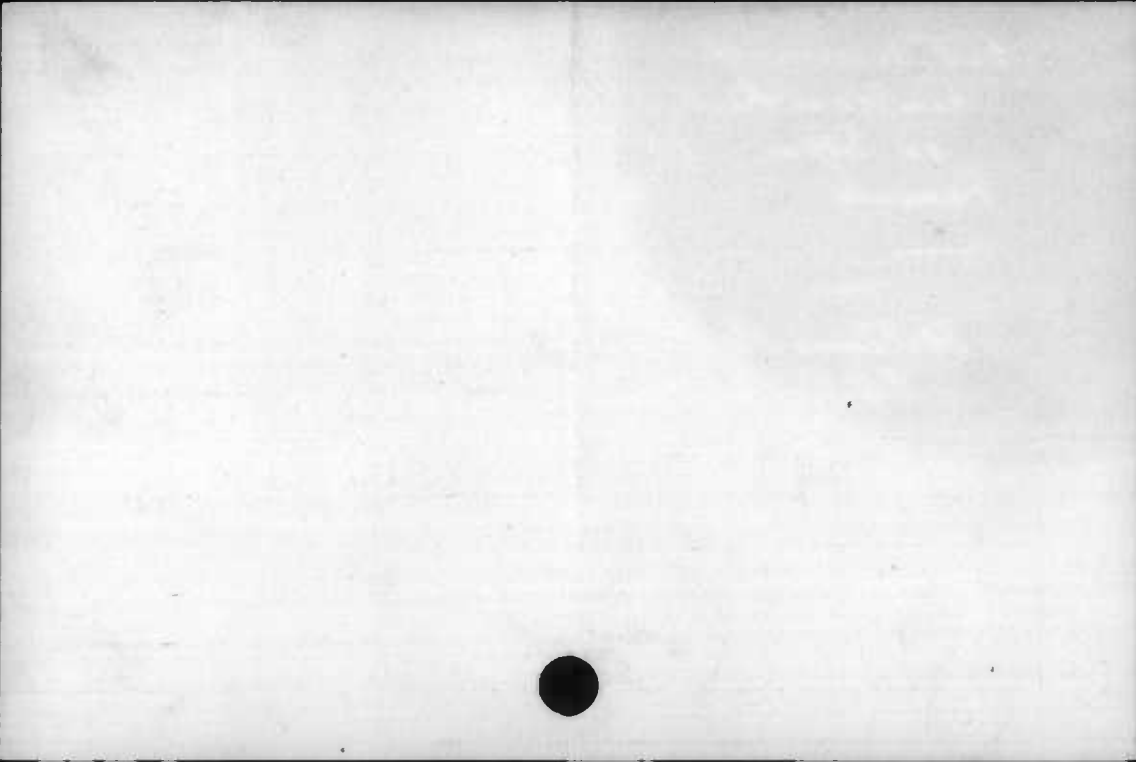
Address

E. P. Simpson, M.D.
Cong. Heights
R.T. 4 No 3

Accident or Suicide



Name in Full		Town				County		CERTIFICATE OF DEATH	
Harvey W. Brady		Woodlawn				P. B.		MARYLAND	
Died at		Date of death		Month	Day	Age	Years	Months	Days
		1900		April	29		1	1	
Sex		Color or Race		Birth-place					
Male		White		P. B. Co. Ind.					
Occupation		Where Residing if not at place of death							
None									
Married, Single or Widowed		Name of Wife or Husband							
Single		None							
Father's Name		Father's Birthplace							
Daniel H. Brady		P. B. Co. Ind.							
Mother's Maiden Name		Mother's Birthplace							
Ella B. Gilchrist		Wilmington, D. C.							
Name of person giving information		How related to deceased							
C. W. Brady		Nephew							
		CAUSES OF DEATH			1054 ✓				
Primary		How long							
Acute Enteritis		18 hrs							
Immediate		How long							
Collapse		Several hours							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		Address							
		J. M. D. Small, M.D.							
		J. M. D. Small, M.D.							
Accident or Suicide?									
No									



Name
in
Full

CERTIFICATE OF DEATH

Not married - Bryan
Town County

MARYLAND

Died at *New Heesbrook Prince Georges*

Date of death 1980 Apr. 10 Age — Months — Days 2 Hours

Sex *Female* Color or Race *White* Birth-place *New Heesbrook*

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name *Arthur B. Bryan* Father's Birthplace *P. G. Co. Ind.*

Mother's Maiden Name *Effie E. Clements* Mother's Birthplace *Clara Co. Ind.*

Name of person giving Information *Arthur B. Bryan* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Anencephalic -*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

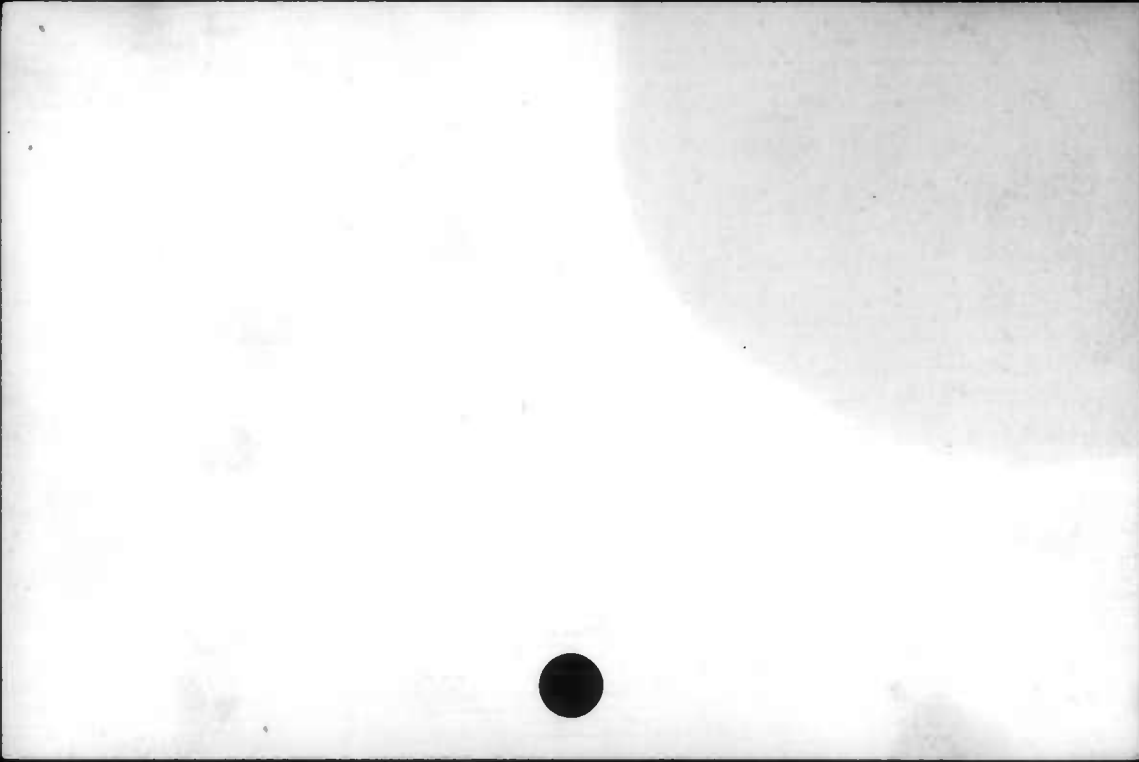
Signature of Physician *J. W. Mitchell M.D.*

Address *Pompano Beach*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Rosa Buttes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brentwood ^{Town} Prince Geo. ^{County} MARYLAND
Date of death 1908 ^{Month} April ^{Day} 30 ^{Years} — ^{Months} 8 ^{Days} —
Sex Female Color or Race colored Birth-place Va.
Occupation none Where Residing if not at place of death ✓

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Overtun Butler

Father's Birthplace Va

Mother's Maiden Name Rosa Day

Mother's Birthplace Va

Name of person giving Information Lucy Wallace

How related to deceased Aunt

CAUSES OF DEATH

Primary Pneumonia

How long 3 days

Immediate

How long " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

H. W. Wells M.D.
Hyattsville Md

330 Accident or Suicide

Hellie L. Mohler

13 yrs 3 m

and

Thomson Wa

Hellie & Lifacomb.

Name
in
Full

Charles Henry Carroll

CERTIFICATE OF DEATH

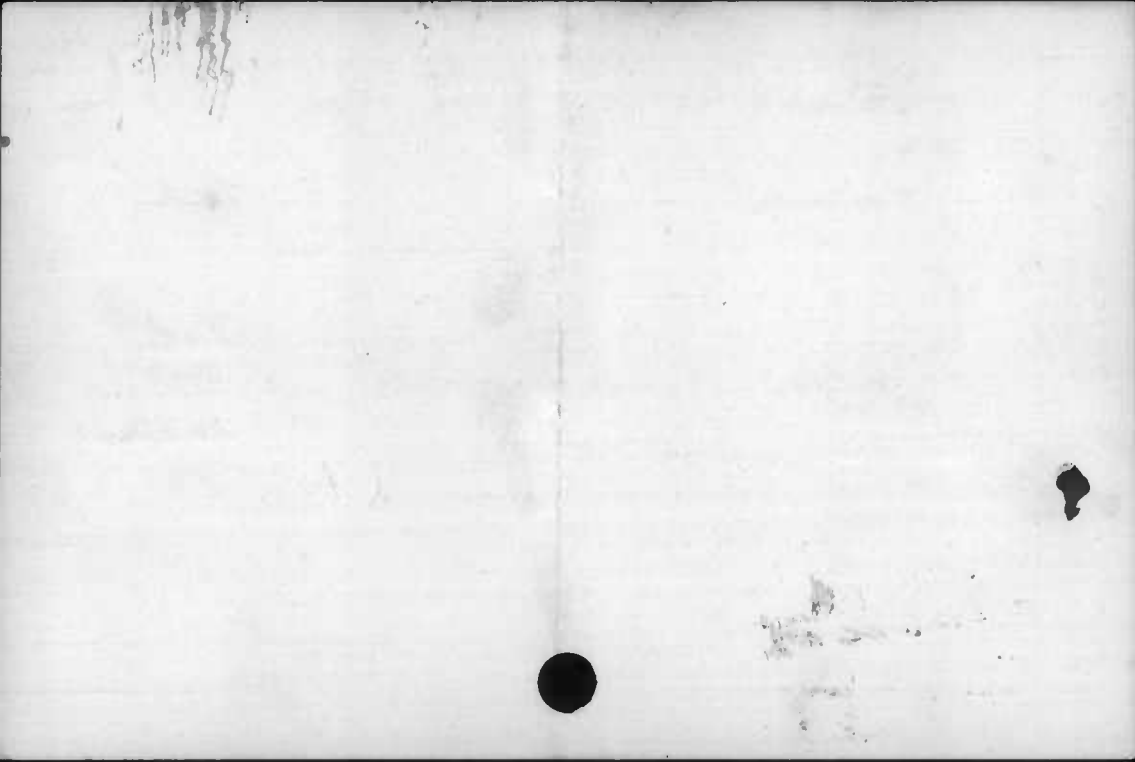
TO BE ANSWERED BY
NEAREST FRIEND

Died at Suttons <small>Town</small>		Prince Georges <small>County</small>		MARYLAND	
Date of death 1940	April <small>Month</small>	15 <small>Day</small>	6 <small>Years</small>	6 <small>Months</small>	2 <small>Days</small>
Sex Male	Color or Race Black	Birth-place Maryland			
Occupation Chief	Where Residing if not at place of death -				
Married, Single or Widowed Single	Name of Wife or Husband none				
Father's Name James R. Carroll	Father's Birthplace Maryland				
Mother's Maiden Name Hattie F Brooks	Mother's Birthplace Maryland				
Name of person giving information Hattie F Carroll	How related to deceased mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Pneumonia	How long 1 wk
Immediate Exhaustion	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Charles M. Emmons
	Address Suttons Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Laurel</u>		County <u>Prince Geo</u>		MARYLAND	
Date of death		Month <u>Apr.</u>	Day <u>18</u>	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>md</u>		
Occupation	<u>none</u>	Where Residing if not at place of death					
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>none</u>				
Father's Name	<u>Harry</u>	<u>Coker,</u>	Father's Birthplace	<u>md</u>			
Mother's Maiden Name	<u>Effie Keasley</u>		Mother's Birthplace	<u>D.C.</u>			
Name of person giving Information	<u>Cali</u>		How related to deceased	<u>uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long	<u>—</u>
Immediate		How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>D. Horney + Byrd</u>
		Address	<u>Laurel</u> <u>md.</u>
Accident or Suicide	<u>—</u>		



Name
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CERTIFICATE OF DEATH

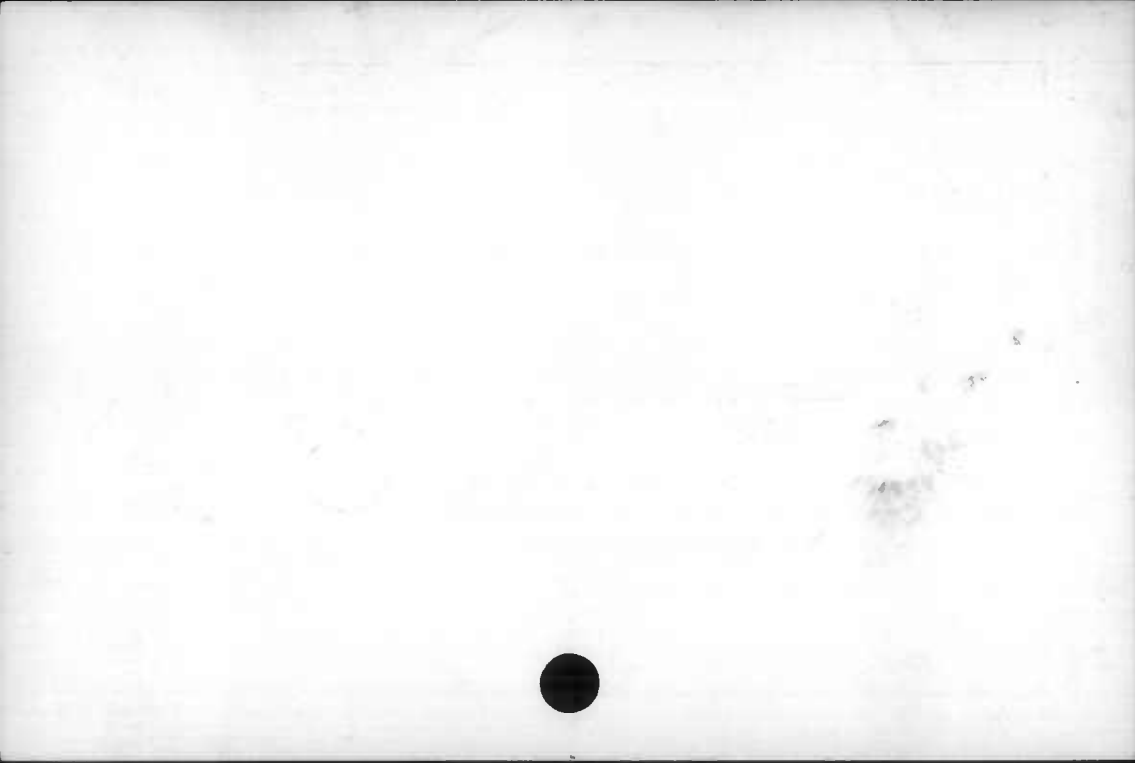
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar 14</i> ^{town} <i>Mar 14</i> ^{County} <i>Prince</i>		MARYLAND			
Date of death <i>1900</i>	Month <i>4</i>	Day <i>10</i>	Age <i>2</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Edward Crawford</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mary Ida Wood</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>Edward Crawford</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>6 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Reverdy Sasser</i>
	Address <i>47. Marlboro Ind</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

Eugene D Digges

Town

County

MARYLAND

Died at

Hyattsville

Prince George

Date

Month

Day

Years

Months

Days

of death 1906

April

14

Age

25

Sex

male

Color or
Race

white

Birth-
place

Ind

Occupation

Civil Engineer

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

John T Digges

Father's
Birthplace

Ind

Mother's
Maiden Name

Bathernia M. Mitchell

Mother's
Birthplace

Ind

Name of person giving
Information

Thomas M. Heale

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Struck by express train

How long

Immediate

on B & O R.R.

Head crushed & body injured

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Augustus H. Dahler

Acting Coroner

Bladensburg Ind

Accident or Suicide

Accident

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

95. about

25. the

15. all and

72. away

15. the

2. 28. at the

44. the

15. the

26. the

95.35

Name
in
Full

Elizabeth Fleet

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Nottingham ^{County} P. G.

Date of death 1910 ^{Month} April ^{Day} 24 ^{Years} Age 60 ^{Months} ^{Days}

Sex Female ^{Color or Race} Colored ^{Birth-place} Ind

Occupation Housewife ^{Where Residing if not at place of death}

Married, Single or Widowed Married ^{Name of Wife or Husband} Lewis Fleet

Father's Name Thomas Ford ^{Father's Birthplace} Ind

Mother's Maiden Name Barnett Cabbert ^{Mother's Birthplace} Ind

Name of person giving information Lewis Fleet ^{How related to deceased} Husband

CAUSES OF DEATH

79

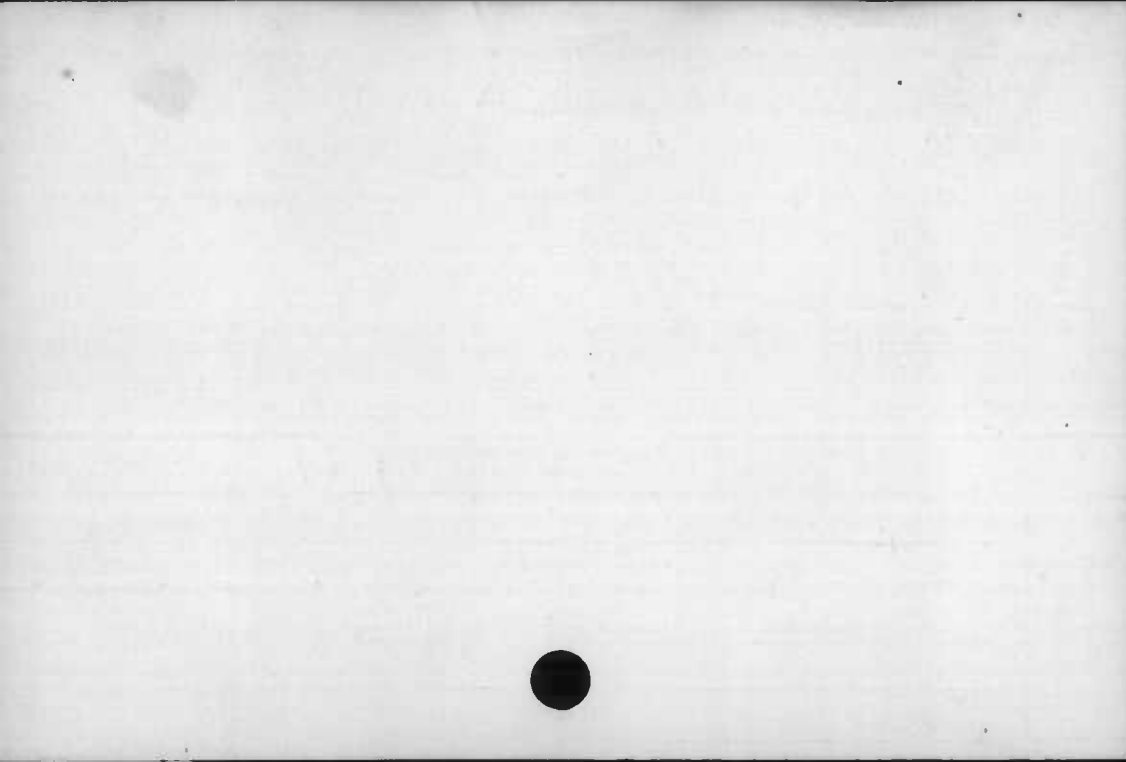
PHYSICIAN
OR CORONER

Primary Dilatation of heart ^{How long} about 2 months
Immediate Don't know ~~did~~ not see her ^{How long} Don't know

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} W. H. Gibbons

^{Address} Croom ind

Accident or Suicide?



Name
in
Full

Roland Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

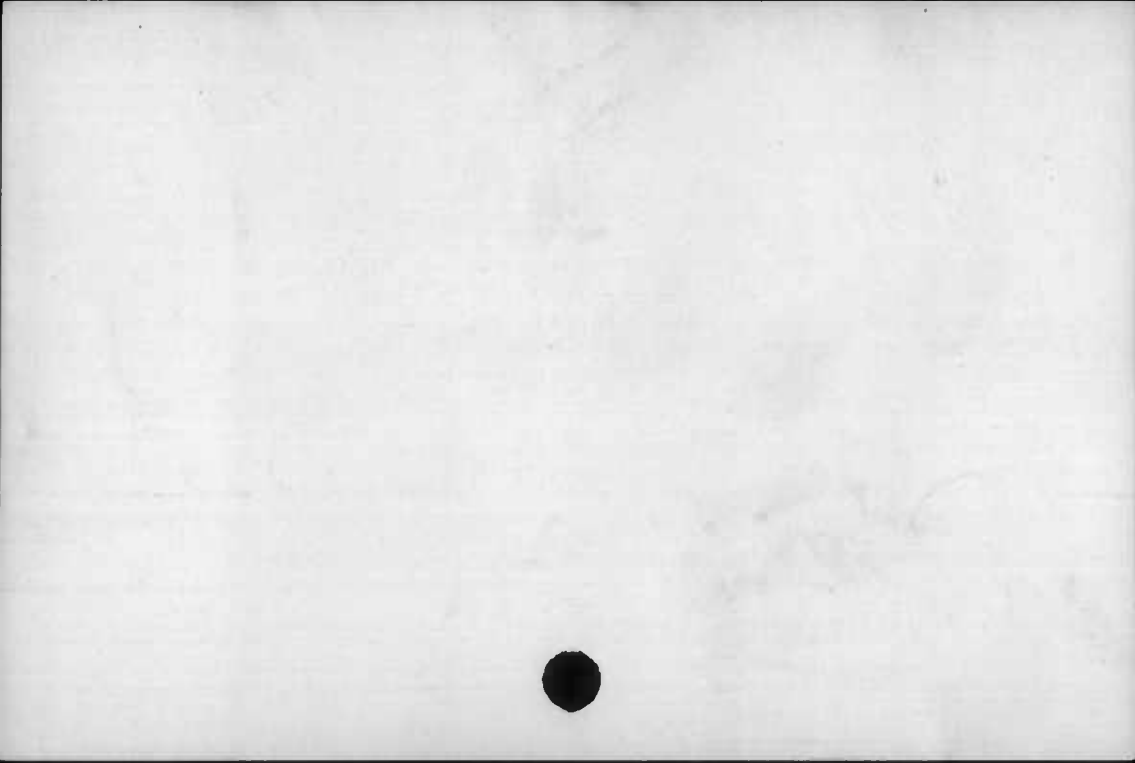
Died at <i>Forrestville</i> ^{Town}		<i>Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1910</i>	<i>april</i>	<i>16</i>	Age	<i>1</i>
Sex	<i>male</i>		Color or Race	<i>white</i>	
Occupation	<i>none</i>		Birth-place	<i>md.</i>	
Where Residing if not at place of death					
Marrried, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Charles Fowler</i>			Father's Birthplace	<i>Mid.</i>
Mother's Maiden Name	<i>Emma Green</i>			Mother's Birthplace	<i>md.</i>
Name of person giving Information	<i>Henry Green</i>			How related to deceased	<i>Grandfather</i>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>9 days</i>
Immediate	<i>asthenia</i>	How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. E. Sausbury</i>	
Address		<i>Forrestville</i>	
Accident or Suicide?		<i>md.</i>	
<i>neither</i>			



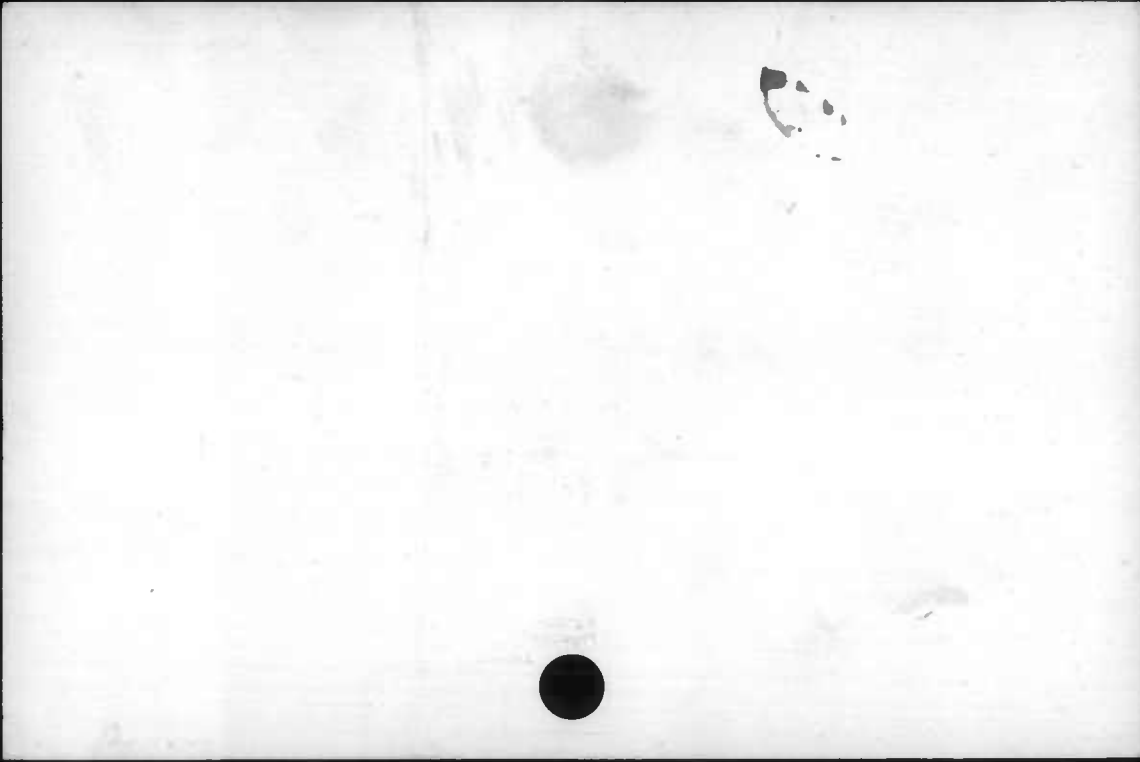
Name
in
FullNo 11
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Charles Garnett
 Died at Mitchellville Town 10 County Co.
 Date of death 1940 Month April Day 17 Age 28 Years Months — Days —
 Sex Male Color or Race White Birth-place Balt. Co. Md.
 Occupation Clark Where Residing if not at place of death —
 Married, Single or Widowed Single Name of Wife or Husband —
 Father's Name Charles G. Garnett Father's Birthplace Balt. Co. Md.
 Mother's Maiden Name Mary Smith Mother's Birthplace Balt. Co. Md.
 Name of person giving Information Caroline Garnett How related to deceased Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Phthisis Pulmonalis How long several years
 Immediate Cardiac Asthenia How long half hour
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Wm. Duval M.D.
 Address Springfield Md.
 Accident or Suicide No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

James J. Gittings

Town

Browns

County

P.G.

MARYLAND

Date

of death 19 10

Month

4

Day

21

Age

Years

31

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Washington D.C.

Occupation

Clerk

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Robert Benj. Gittings

Father's
Birthplace

Unknown

Mother's
Maiden Name

Mary Forest

Mother's
Birthplace

Unknown

Name of person giving
Information

Harry Brown

How related
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

Pleuritic Effusion &

How long

10 days

Immediate

Asthma

How long

24 hours.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Sausbury & Spencer

Address

Fresville

Accident or Suicide?

neither

md

PHYSICIAN
OR CORONER



Name
In
Full

Rachael Griffith

CERTIFICATE OF DEATH

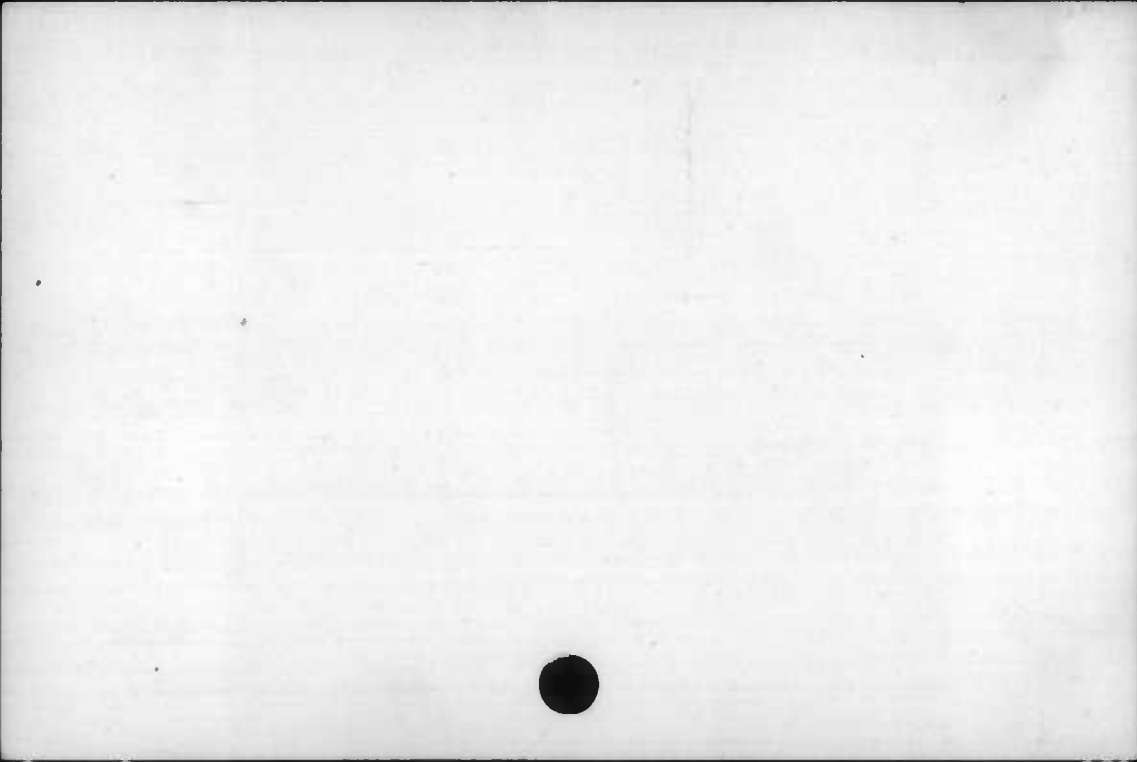
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bowie</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1960</i>	Month <i>April</i>	Day <i>1</i>	Age <i>80</i> ^{Years}	Months <i>2</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>Don't know</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Rebecca Brobson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Robert Booth</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infirmities of age</i>	How long <i>5 wks</i>
Immediate <i>Heart Failure</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wendell Ryan MD</i>
<i>9</i>	Address <i>Bowie</i>
Accident or Suicide? <i>no</i>	<i>and</i>



Name
in Full

Viola Lee Harding

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Largo</i> - Town		<i>Prince Georges</i> County		MARYLAND	
Date of death	19 <i>60</i> Month <i>April</i> Day <i>24</i>	Age	<i>76</i> Years	Month	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Upper Marlboro</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Chas A. Harding</i>		
Father's Name	<i>Benjamin Lee</i>	Father's Birthplace	<i>A. A. Co. Va</i>		
Mother's Maiden Name	<i>E. L. Beut.</i>	Mother's Birthplace	<i>P. C. "</i>		
Name of person giving information	<i>Whitton Beut</i>	How related to deceased	<i>Nephew</i>		

CAUSES OF DEATH

79 ✓

Primary	<i>Valvular disease of heart</i>	How long	<i>2 yrs -</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

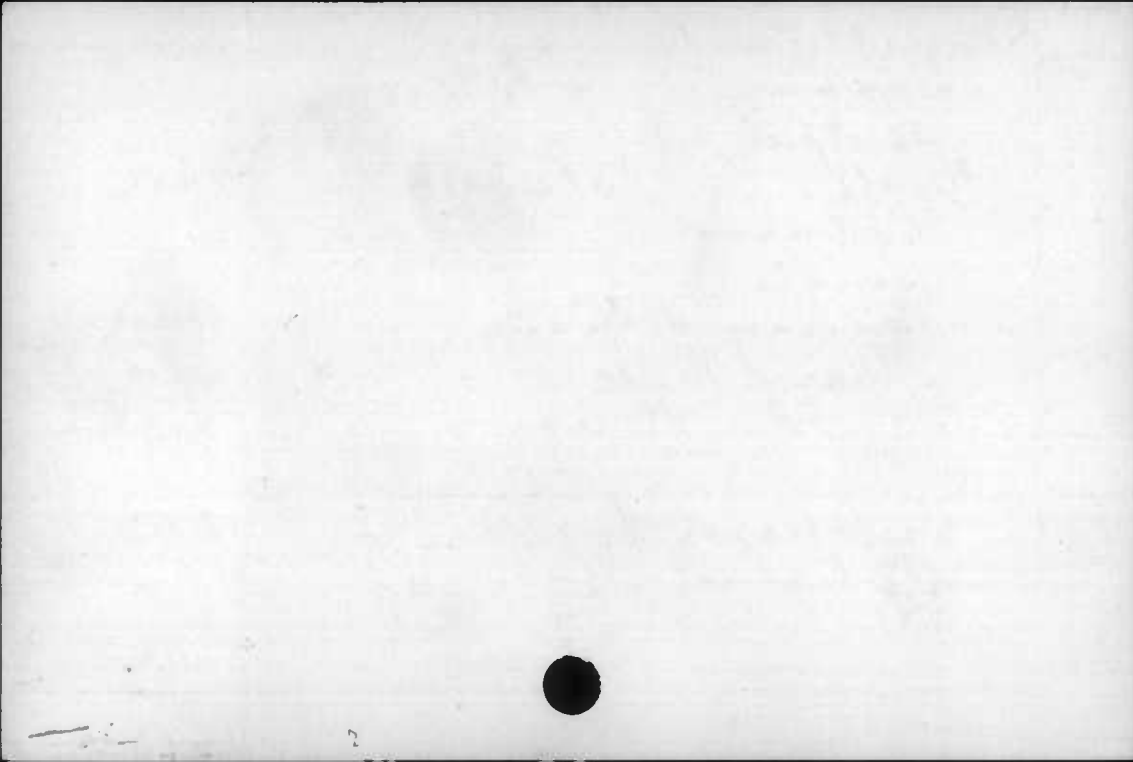
Address

L. A. Giffith
Upper Marlboro
MD

Accident or Suicide



Name in Full		Mary Bernice Hawkins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Meadows		County Prince Georges		
		Date of death		1910	Month 4	Day 9	Age 4	Months 11
		Sex		Female		Color or Race		Black
		Occupation				Birth-place		Meadows
						Where Residing if not at place of death		Meadows
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		John P. Hawkins		Father's Birthplace		P. G. Co. Md
		Mother's Maiden Name		Emma Fleet		Mother's Birthplace		P. G. Co. Md
		Name of person giving information		Charles H. Hawkins		How related to deceased		Brother
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary				How long		
		Intercutaneous				5-Months		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Yes		
		Signature of Physician				J. E. Sansbury		
		Address				Fountaine Ma		
		Accident or Suicide?						



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

MARYLAND

Date _____

of death 1907

Sex

Occupation

Married, Single
or Widowed (

Father's
Name

Mother's
Maiden Name

Name of person giving information _____

Τούτη

Month

Day

Age

Years

Months

Days

County

Color or Race

Birth-
place

Where Residing if not
at place of death

Name of Wife or Husband

Father's Birthplace

Mother's Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

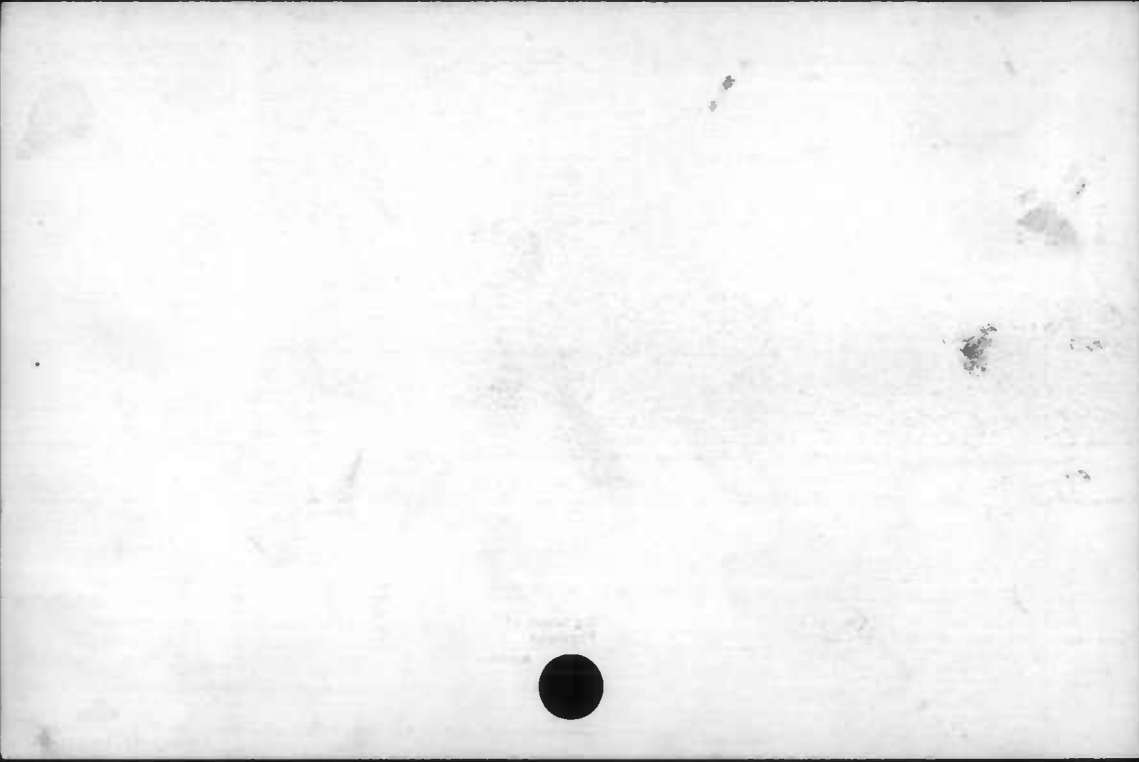
Address

Accident or Suicide

How long

How long

OFFICE SUPPLY CO 2364



Name
in
Full

Lemuel Henson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Crown* ^{Town}*P. 9* ^{County}

MARYLAND

Date of death *19 10 April* ^{Month}

Day

Age

Years

Months

Days

Sex

*Male*Color or
Race*Colored*Birth-
place*md*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Henry Henson*Father's
Birthplace*md*Mother's
Maiden Name*Mary Hall*Mother's
Birthplace*md*Name of person giving
Information*Ida Henson*How related
to deceased*Sister*

CAUSES OF DEATH

*1*PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

4 weeks

Immediate

Intestinal hemorrhage

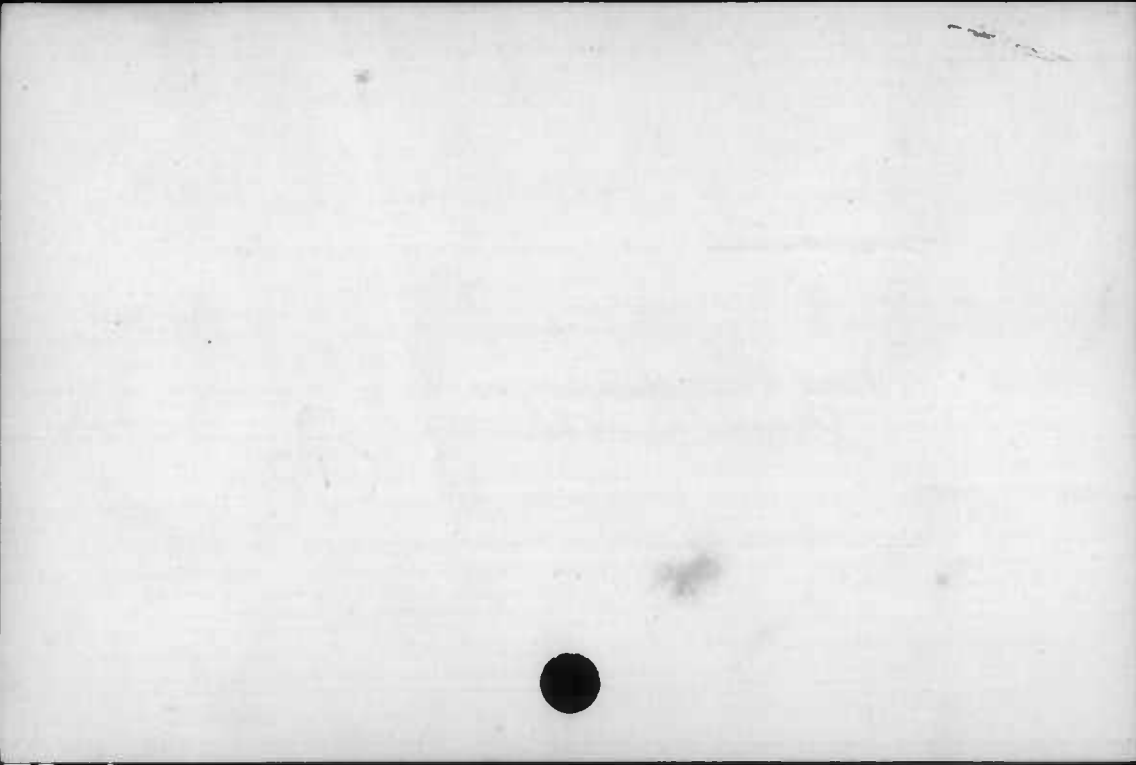
How long

*9 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Ed. H. Gibbons*

Address

Crown md

Accident or Suicide?



Name
in
Full

Rachael Gilmore Herbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Laurel

Town

Pr. Geo.

County

MARYLAND

Date

of death

1980

Month

4

Day

5

Age

Years

84

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

nurse

Where Residing if not
at place of death

Laurel Md

Married, Single
or Widowed

Widow

Name of Wife or
Husband

J. Nelson Herbert

Father's
Name

Herkinson

Father's
BirthplaceMother's
Meiden Name

Miss Weatherup

Mother's
Birthplace

Baltimore

Name of person giving
Information

Miss Laura Duffield

How related
to deceased

Niece

CAUSES OF DEATH

Primary

General Debility

How long

66

2 months

Immediate

Paralysis

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

J. R. Smith
Laurel

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in Full

Wm H. Hicks

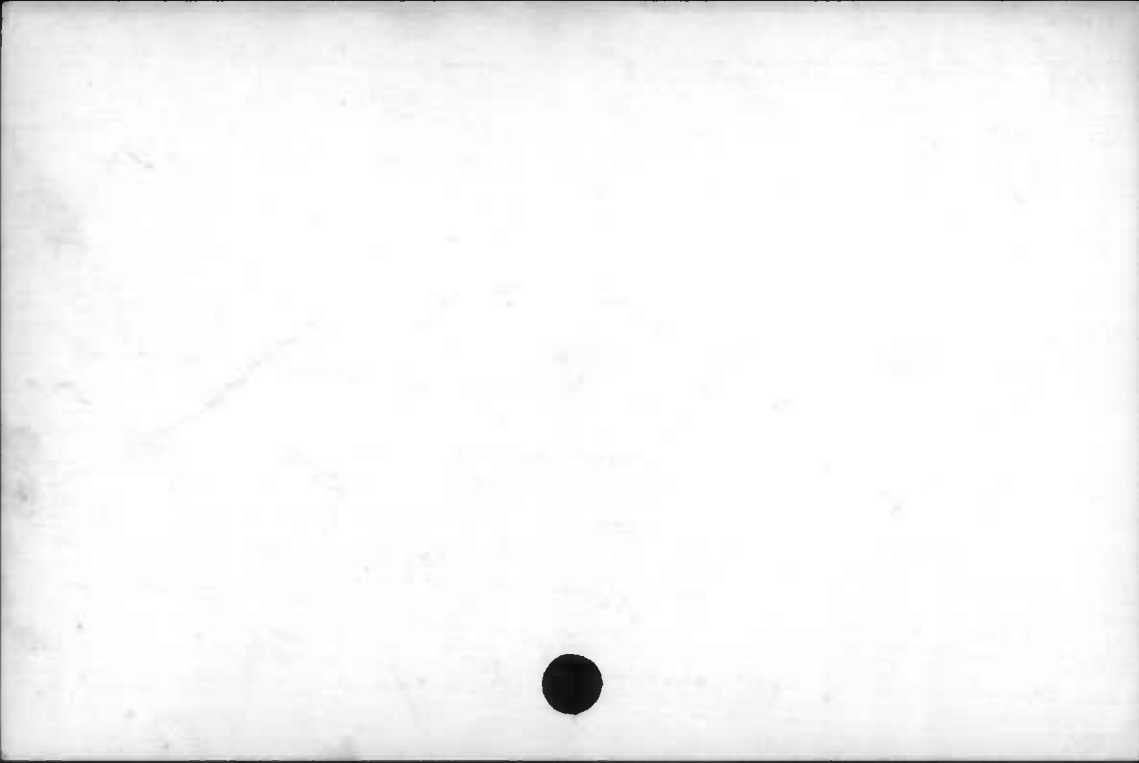
CERTIFICATE OF DEATH

Died at <u>New Glatz</u> ^{Town}		<u>Prince Geo.</u> ^{County}		MARYLAND	
Date of death 19 <u>10</u> <u>Apr.</u> ^{Month} <u>17</u> ^{Day}		Age <u>45</u> ^{Years}		<u>—</u> ^{Months} <u>—</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Maryland</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>New Glatz Md</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Christiana Hicks</u>			
Father's Name <u>John Hicks</u>		Father's Birthplace <u>M-d</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>M-d</u>			
Name of person giving Information <u>Thomas Benson</u>		How related to deceased <u>no kin</u>			

CAUSES OF DEATH

Primary	<u>Gastritis</u>	How long	<u>3 months</u>
Immediate	<u>asthenia</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. M. Parker M.D.</u>	
		Address <u>Congress Heights D.C.</u>	
Accident or Suicide <u> </u>			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

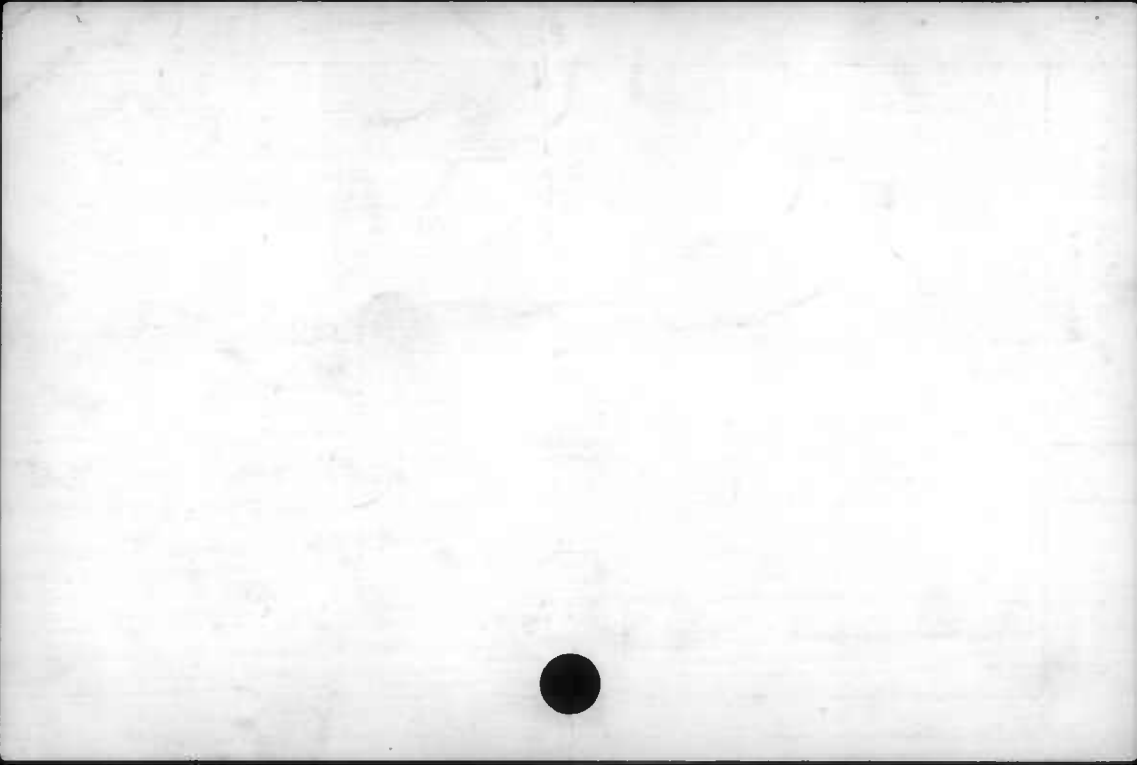
Adolph Hoffmann
Town County MARYLAND
Died at *Berwyn*
Date of death 19*80* Month *Apr* Day *8* Age *—* Years *—* Month *1* Days *3*
Sex *Male* Color or Race *White* Birth-place *Berwyn Md*
Occupation *—* Where Residing if not at place of death *—*
Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *Ferdinand Hoffmann* Father's Birthplace *N.Y. City*
Mother's Maiden Name *Annie Schaefer* Mother's Birthplace *Jersey City*
Name of person giving Information *F. Hoffmann* How related to deceased *Father*

CAUSES OF DEATH

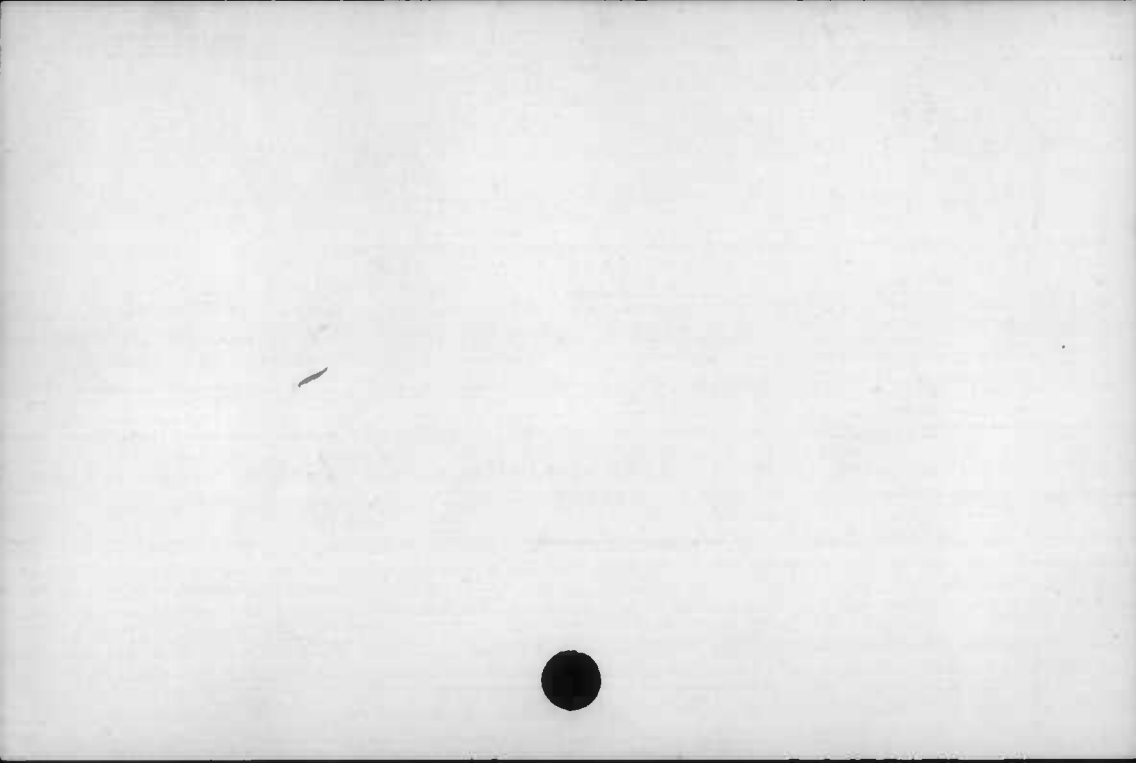
78

PHYSICIAN
OR CORONER

Primary *Nephritis, Cutaneous Dropsy* How long *9 days*
Immediate *Acute Endocarditis* How long *12 hours*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A. J. Etienne*
Address *Berwyn Md*
[Signature] 
Accident or Suicide *[Signature]*



Name in Full		Edward Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cheltenham</i> <small>Town</small>		<i>P. G.</i> <small>County</small>		MARYLAND	
		Date of death <i>1910</i> <small>Month</small> <i>April</i> <small>Day</small> <i>4</i>		Age <i>16</i> <small>Years</small>		Months <small>Days</small>	
		Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Don't know</i>	
		Occupation <i>Brass maker</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
		Father's Name <i>Edward Jones</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>John B. Pyle</i>		How related to deceased <i>None</i>					
		CAUSES OF DEATH				<i>(28)</i> ✓	
PHYSICIAN OR CORONER		Primary <i>Pulmonary Tuberculosis</i>		How long <i>2 years</i>			
		<i>as Thymia</i>		How long			
		Immediate					
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ed H. Gibson</i>			
				Address <i>Crook road</i>			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

Sarah Robert Key

Town

County

MARYLAND

Died at

Silver Hill

Date

of death 1900

Month

4

Day

21

Age

Years

46 2

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Va

Occupation

Housewife

Where Residing if not
at place of deathMarried, ~~Single~~
or ~~Widowed~~Name of Wife or
HusbandFather's
Name

Unknown

Father's
Birthplace

Va.

Mother's
Maiden NameMother's
Birthplace

"

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Chronic Bronchitis

How long

4 mo

Immediate

Tuberculosis Pulmonary
& Exhaustion

How long

4 wks.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

L. L. Fieldrich.

Address

229 East 3rd St. D. C.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Sophia Lammers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Bowie District ^{County} Prince George **MARYLAND**

Date of death 1900 ^{Month} April ^{Day} seventh ^{Years} Age seventyfive ^{Months} ^{Days}

Sex female ^{Color or Race} white ^{Birth-place} germany

Occupation farming ^{Where Residing if not at place of death}

Married, Single or Widowed widowed ^{Name of Wife or Husband} Anton Lammers

Father's Name Burkhar ^{Father's Birthplace} Germany

Mother's Maiden Name don't know ^{Mother's Birthplace} Germany

Name of person giving Information Henry Lammers ^{How related to deceased} Son

CAUSES OF DEATH

79 ✓

PHYSICIAN
OR CORONER

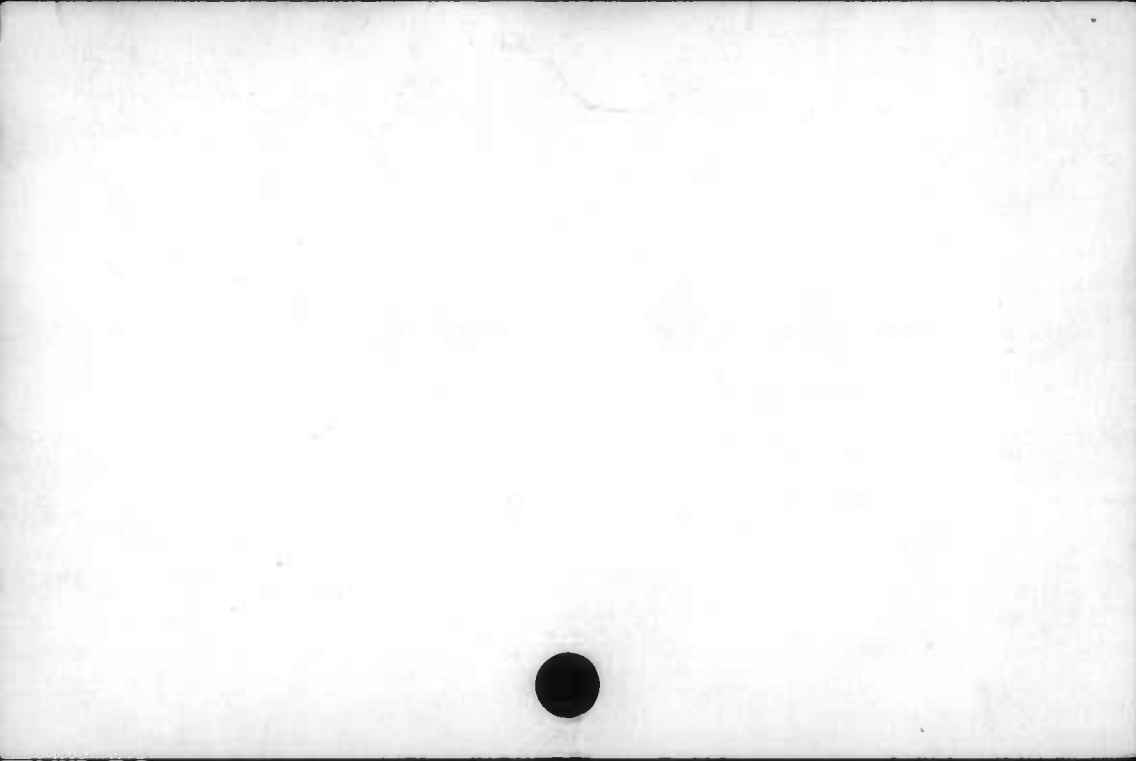
Primary Valvular Heart trouble ^{How long} About 3 years

Immediate Heart Failure ^{How long} 8 days

Are the name, age, sex, color, date and place correctly given above? ☒ Yes

Signature of Physician John Cronquist ^{Address} Laurel Md

Accident or Suicide ☒



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ann Rebecca Fathner

Town

County

MARYLAND

Died at

Orme

R. Geo's

Date

of death

1900

Month

4

Day

5

Age

70

Years

Months

6

Days

1

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of ~~Wife~~
Husband

M. R. Fathner

Father's
Name

John T. Rawlings

Father's
Birthplace

Md

Mother's
Maiden Name

Catherine Anderson

Mother's
Birthplace

Md

Name of person giving
Information

Gill Fathner

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Chronic Heart disease

How long

2 yrs.

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. Morton Brown

Aguasco

Accident or Suicide

No

Md

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Mary Louisa Marshall

Town

County

MARYLAND

Died at New Bowie

Date of death 1900 April

Day

Age

Years

Months

Days

Sex Female

Color or
Race

Colored

Birth-
place

New Bowie

Occupation

Cook

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Joseph Marshall

Father's
Name

John Weldon

Father's
Birthplace

P. G. Co

Mother's
Maiden Name

Annieta Jackson

Mother's
Birthplace

P. G. Co

Name of person giving
Information

William H. Weldon

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Pneumonia

How long

8 days

Immediate

Heart failure

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes
no

Signature of
Physician

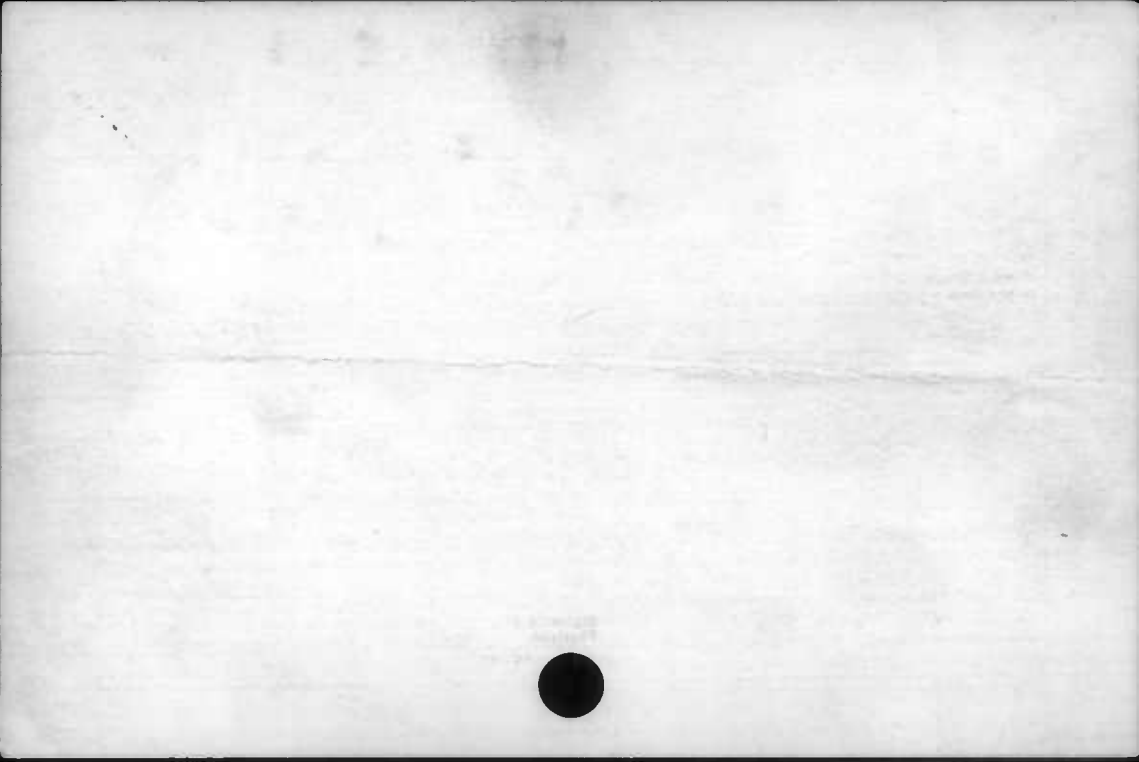
Address

James B. Trevitt
Bowie Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		James P Milburn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Forestville		County Bruna		MARYLAND	
	Date of death	1910	Month 4	Day 26	Age 74	Years Months	Days
	Sex	Male		Color or Race	White		Birth-place Md.
	Occupation	Farming			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife or Husband	Susie J. Milburn		
	Father's Name	Unknown				Father's Birthplace	Md.
	Mother's Maiden Name	Unknown				Mother's Birthplace	Md.
Name of person giving information	Mark J. Milburn				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Interstitial Nephritis				How long	2 yrs
	Immediate	Asthma				How long	36 hrs.
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	John E. Baumbach
	Address	Forestville				Md.	
Accident or Suicide?	neither						

2

7/4



Name
in
Full

Willie L Mohler

Town

P. B. Co

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1940

Month

April

Day

30

Age

Years

13

Months

3 months

Days

Sex

Female

Color or
Race

white

Birth-
place

Md

Occupation

school girl

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Thomas M Mohler

Father's
Birthplace

Va

Mother's
Maiden Name

Willie C Lyscomb

Mother's
Birthplace

Va

Name of person giving
Information

Thomas M Mohler

How related
to deceased

Father

CAUSES OF DEATH

Primary

Toxic Gastritis

Immediate

Syncope

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

How long

10 3/4

How long

1 mo.
1 hour.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nattingham</i> ^{Town}		<i>Pr Geo</i> ^{County}		MARYLAND			
Date of death	<i>1910</i>	<i>April</i> ^{Month}	<i>2</i> ^{Day}	<i>Age 74</i> ^{Years}	<i>Months</i> ^{Months}	<i>Days</i> ^{Days}	
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Va</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Lucy Naylor</i>			
Father's Name	<i>Unknown</i>				Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>				Mother's Birthplace	<i>Unknown</i>	
Name of person giving Information	<i>Dr. St. Parker</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>64</i> [✓] <i>10 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. H. Gibbons</i>
		Address	<i>Brown and -</i>
Accident or Suicide?			



Name
in
Full

No 12
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Alvin J. Pettibone</i>		Town <i>Brook</i>		County <i>P. G.</i>		MARYLAND	
Died at <i>Brook</i>		Date of death 19 <i>40</i>		Age <i>23</i>		Months <i>one</i>	
Month <i>April</i>		Day <i>23</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Brook Ind.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Mark S. Pettibone</i>				Father's Birthplace <i>Balt. City</i>			
Mother's Maiden Name <i>Edith E. Wells</i>				Mother's Birthplace <i>P. G. Ind.</i>			
Name of person giving In formation <i>Mark S. Pettibone</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>		How long <i>151</i>	
Immediate <i>Asphyxia</i>		How long <i>2 min</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. D. Wall</i>	
		Address <i>Springfield Ind.</i>	
Accident or Suicide?			

3

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Not Named* ^{Town} *Maryland Park* ^{County} *Prince George* **MARYLAND**
Date of death 19*20* ^{Month} *April* ^{Day} *30* Age ^{Years} *—* ^{Months} *—* ^{Days} *3*

Sex *male* Color or Race *white* Birth-place *m.d.*
Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Wm E Pinkerton*

Father's Birthplace *Ky.*

Mother's Maiden Name *Maudie E. Lelay*

Mother's Birthplace *m.d.*

Name of person giving Information *Father.*

How related to deceased

CAUSES OF DEATH

152

Primary *asphyxia neonatorum*

How long *3 days*

Immediate *syncope*

How long *1 hour*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. M. Brady
Kennilworth, N.C.

PHYSICIAN
OR CORNER

—
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Katherine W. Inlander*

Died at *Near W. Marlboro* ^{Town} *P. Geo* ^{County}

MARYLAND

Date of death *1950* Month *4* Day *1* Age *40* Years Months Days

Sex *Female* Color or Race *Caucasoid* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *James Inlander*

Father's Name *Barney Went* Father's Birthplace *Ind*

Mother's Maiden Name *Don't know* Mother's Birthplace *Ind*

Name of person giving Information *Dominick Inlander* How related to deceased *Bro.-in-law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute nephritis* How long *3 Mors*

Immediate *Oedema* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Reverdy Passer* Address *Upper Marlboro Ind*

Accident or Suicide *8*



Name
in
Full

CERTIFICATE OF DEATH

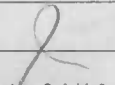
TO BE ANSWERED BY
NEAREST FRIEND

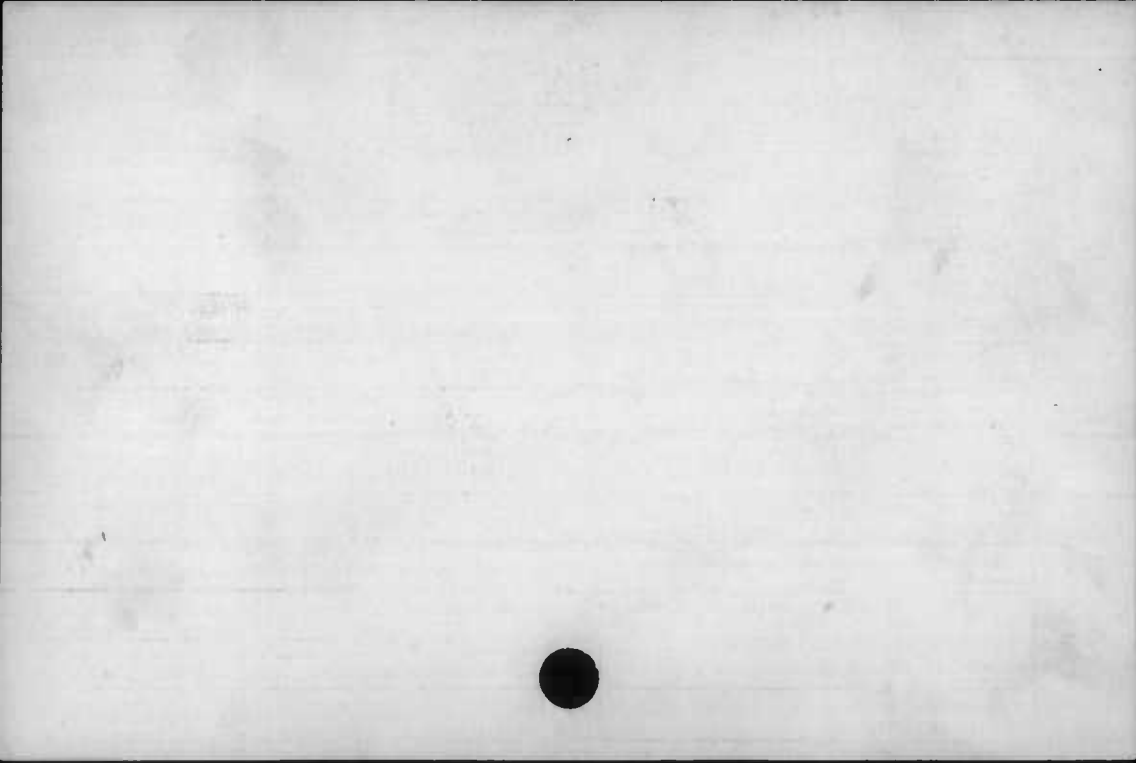
Name <i>John Thomas Quander</i>		Town <i>Brentwood</i>		County <i>Prince Georges</i>		MARYLAND	
Died at		Date of death <i>1910 April 12</i>		Age <i>20</i>		Months <i>5</i> Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>Physician</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Charles Quander</i>				Father's Birthplace <i>Chatham Co. N.C.</i>			
Mother's Maiden Name <i>Lucinda Hodge</i>				Mother's Birthplace <i>Chatham Co. N.C.</i>			
Name of person giving information <i>Emma Jackson</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

(99)

PHYSICIAN
OR CORONER

Primary <i>Pneumonia (lobar)</i>	How long <i>3 2 days</i>
Immediate <i>Exhaustion</i>	How long <i>12 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harold M. Howard</i>
 Accident or Suicide?	Address <i>1589 Division St. Baltimore Md.</i>
	<i>St. Paul's Hospital D.C.</i>



Name
in
Full

Abraham L. Lewis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

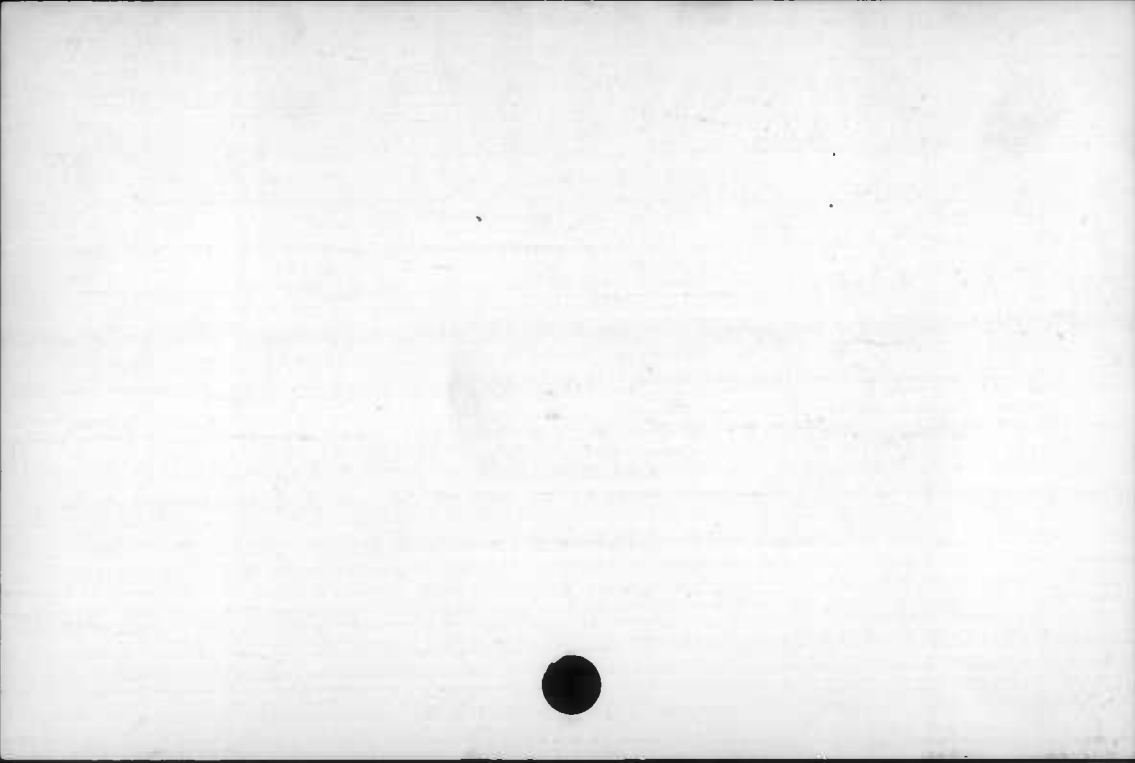
Died at <i>Tipton</i> Town		<i>Okla.</i> County		MARYLAND	
Date of death	190 <i>6</i>	Month <i>April</i>	Day <i>28</i>	Age <i>unknown</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>unknown.</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>unknown</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Thos. H. Lyons</i>			How related to deceased <i>Employer</i>		

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	How long <i>—</i>
Immediate <i>Acute Bright's Disease</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. J. H. H. H.</i>
<i>2</i>	Address <i>Discarded</i>
Accident or Suicide?	<i>Male</i>



Name
in
Full

Edward Scott

CERTIFICATE OF DEATH

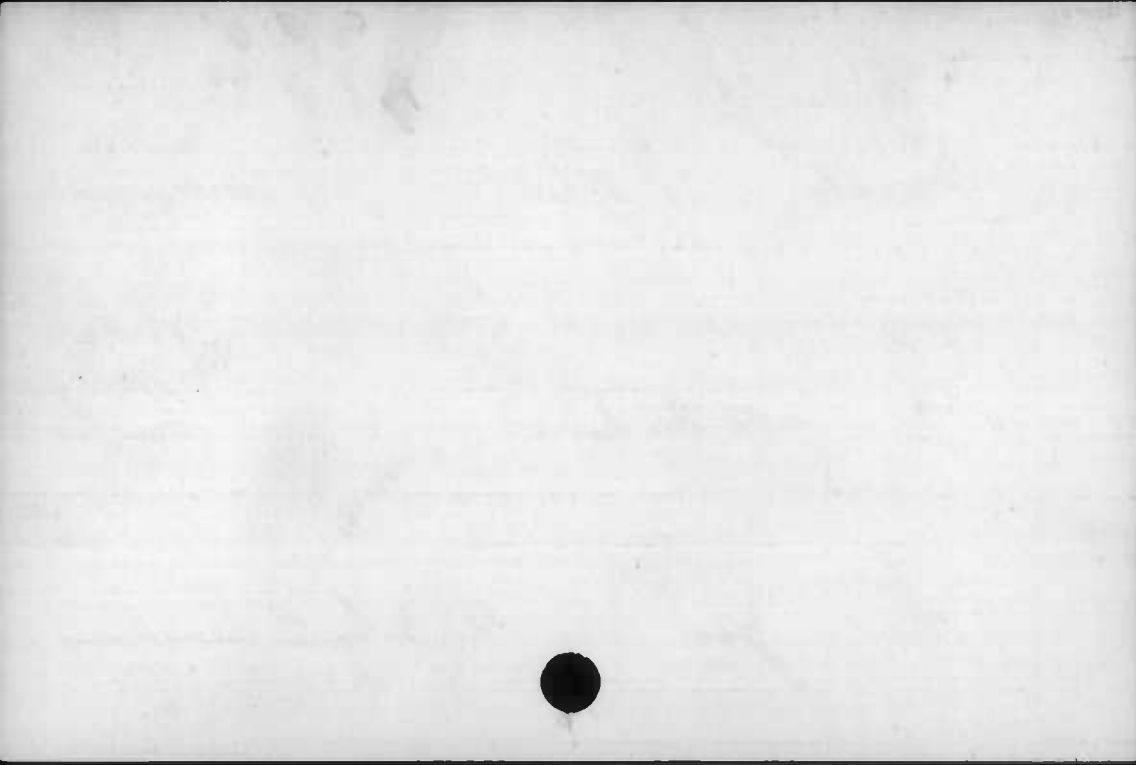
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>House of Reformation</i>		County <i>Phila</i>		MARYLAND	
Date of death	1910	Month	April	Day	21
Age		16		Months	
Sex	Male		Color or Race	Colored	
Occupation	Inmate		Birth-place	Md	
Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Benjamin Scott		Father's Birthplace	Md	
Mother's Maiden Name	Maggie Sattersfield		Mother's Birthplace	Md	
Name of person giving information	John B Pyles Subst		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Asphyxia</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Gibbons</i>	
		Address <i>Croom Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName in Full *Mary Joe Seaborn*
Town *Mellwood*County *Prince George*

MARYLAND

Died at
Date of death *1960* Month *4* Day *6* Age Years Months Days *3*Sex *Female* Color or Race *White* Birth-place *Mellwood*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or ~~Widowed~~Name of Wife or
HusbandFather's Name *J H Seaborn*Father's Birthplace *Md*Mother's Maiden Name *Bessie Fowler*Mother's Birthplace *Md*Name of person giving
In formation *J H Seaborn*How related
to deceased *Father*

CAUSES OF DEATH

*151**from birth*PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

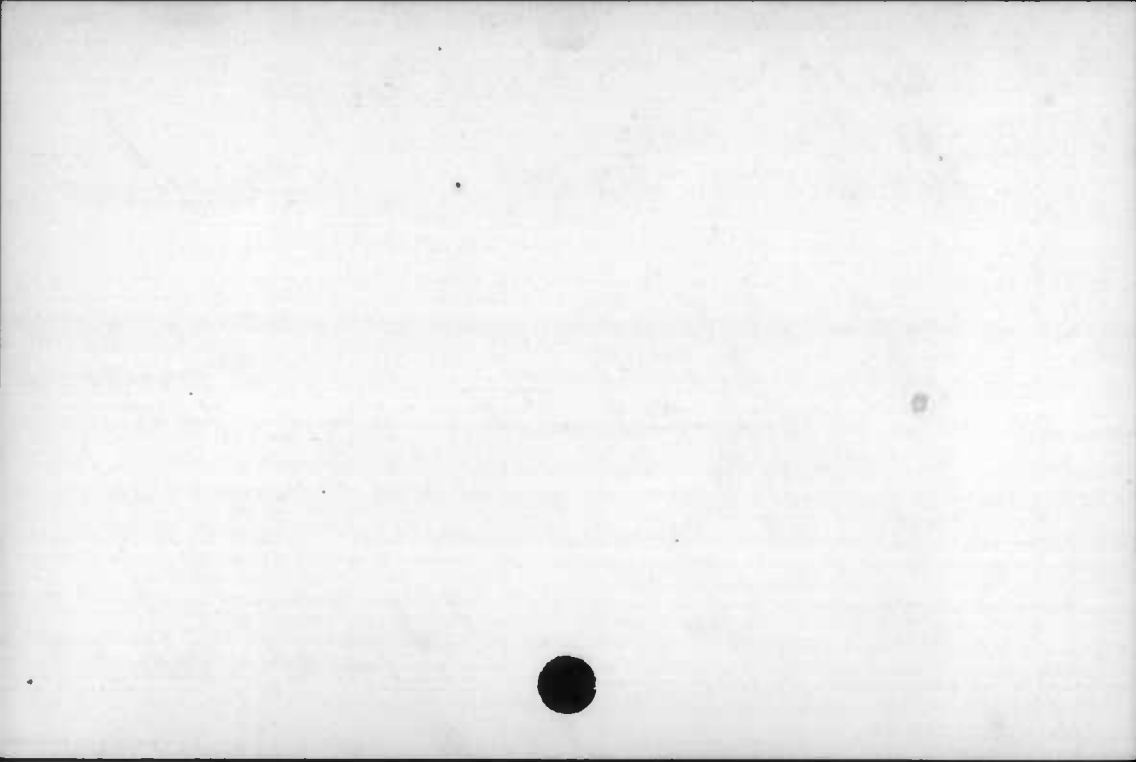
Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of Physician *Dr John E. Sansbury*

Address

Forestville

Accident or Suicide?

Md



Name
in
Full

William R. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hall ^{Town} Prince George's ^{County} MARYLAND

Date of death 1940 ^{Month} April ^{Day} 13th ^{Years} Age ^{Months} 7 ^{Days}

Sex Male Color or Race White Birth-place Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name John W. Smith Father's Birthplace Maryland

Mother's Maiden Name Edna E. Nothery Mother's Birthplace Maryland

Name of person giving information John W. Smith How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Icterus Neonatorum How long 2 days

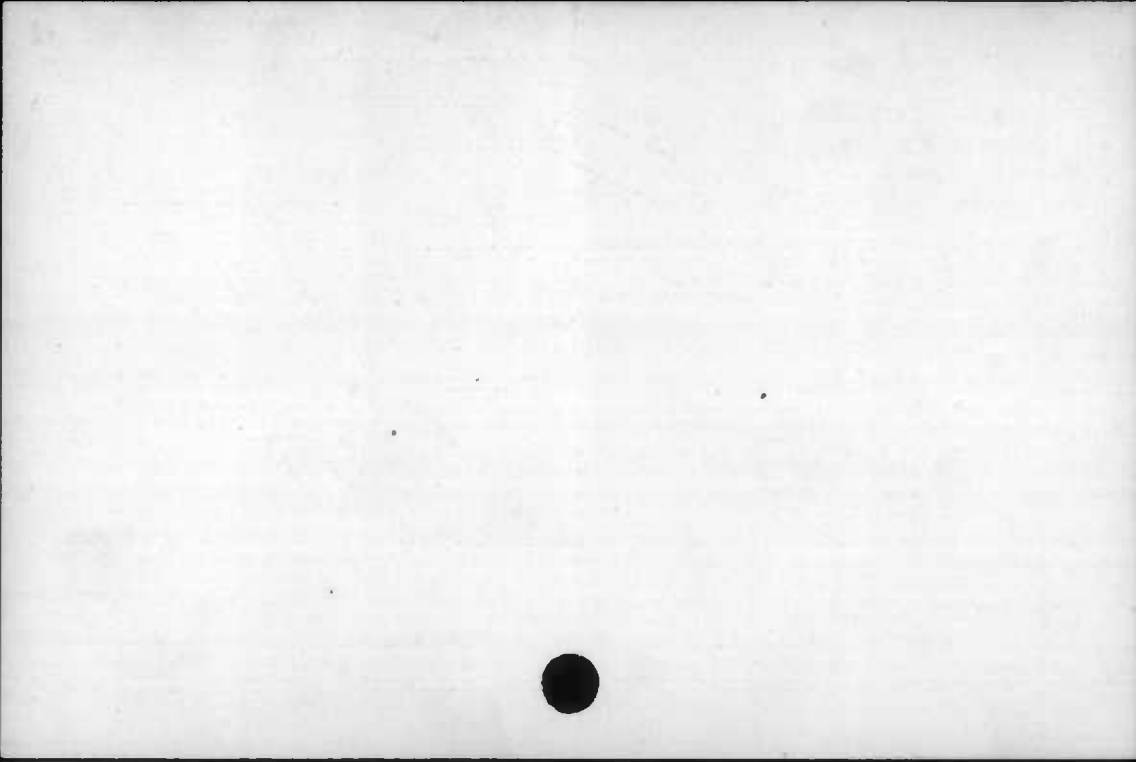
Immediate Exhaustion How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician H. J. Hinkel.

Address Hall, Md.

Accident or Suicide? No



Name in Full		John E. Tucker.				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Largo.				P. Geo.			
		Date of death		Month	Day	Age	Years	Months	Days
		1910		Apr	11	65.			
		Sex		Color or Race		Birth-place			
		Male.		White		Md.			
TO BE ANSWERED BY NEAREST FRIEND		Occupation		Where Residing if not at place of death					
		Farmer.							
		Married, Single or Widowed		Name of Wife or Husband					
		Married		Lucinda Tucker.					
		Father's Name		Father's Birthplace					
		Nathan Tucker		Md.					
TO BE ANSWERED BY NEAREST FRIEND		Mother's Maiden Name		Mother's Birthplace					
		Unknown		Md.					
		Name of person giving information		How related to deceased					
		Oliver Tucker.		Son.					
PHYSICIAN OR CORONER		CAUSES OF DEATH							
		Primary		Heart Trouble.		(79) ✓		How long	
								2 wks.	
		Immediate		Pulmonary Engorgement.				How long	
								3 da.	
		Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		John C. Saubert	
PHYSICIAN OR CORONER				Address		Lousville.			
PHYSICIAN OR CORONER		Accident or Suicide?		Neither					

Scott Armstrong
Forester

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Waggoner
 Town *Laurel* County *P. 9th*
 Died at *Laurel* Month *April* Day *4* Age *Sliter Ann* Months *1* Days *1*
 Date of death 19d *1*
 Sex *Female* Color or Race *White* Birth-place *Ind*
 Occupation *—* Where Residing if not at place of death *La*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

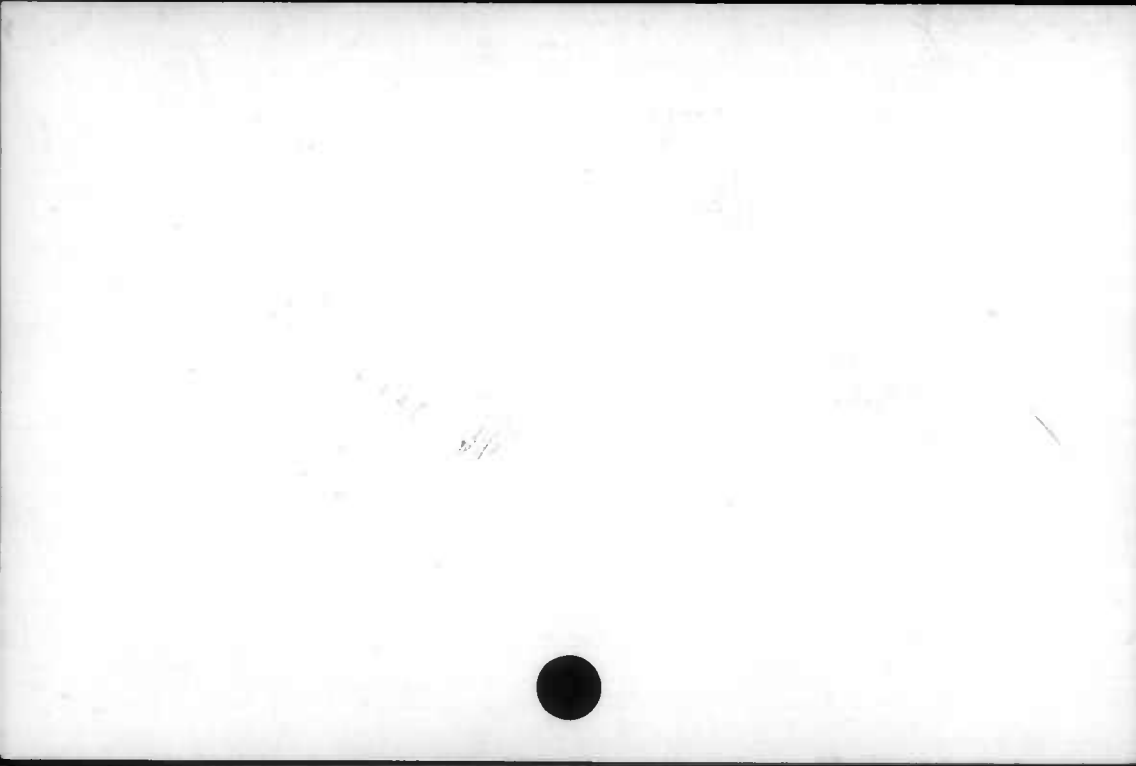
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

Helena Wedge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

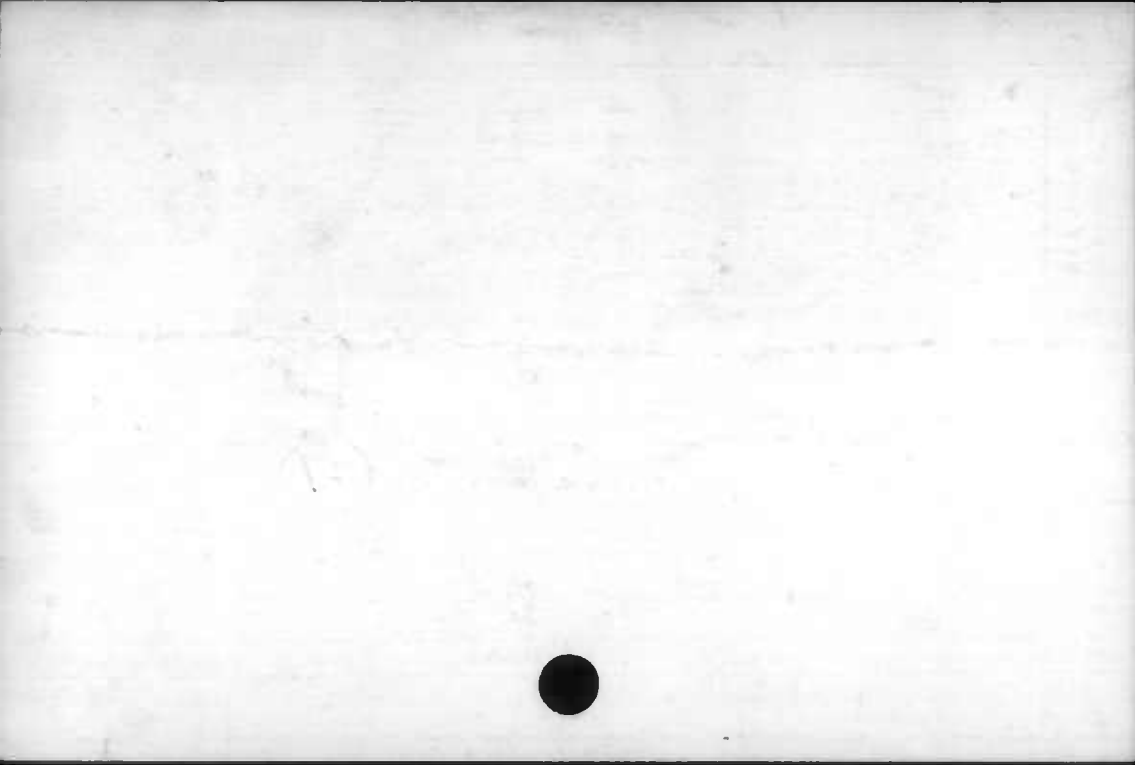
MARYLAND

Died at <u>Upper Marlboro</u> ^{Town}		<u>Prince</u> ^{County}			
Date of death <u>1900</u>	Month <u>4</u>	Day <u>10</u>	Age <u>20</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>md</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Benjamin Wedge</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Bella Smith</u>	Mother's Birthplace <u>md</u>				
Name of person giving Information <u>George Wedge</u>	How related to deceased <u>Father-in-law</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Phthisis</u>	How long <u>6 Mos</u>
Immediate <u>Asthenia</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Reverdy Dassoce</u>
	Address <u>Upper Marlboro md</u>
Accident or Suicide	



Name

in
Full

Infant of J. & Lillian White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Landover</i>		Town		<i>Prince George</i>		County		MARYLAND	
Date of death	<i>1960</i>	Month	<i>April</i>	Day	<i>16</i>	Age	Years	Months	<i>1</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Md.</i>		
Occupation	<i>None</i>		Where Residing if not at place of death			<i>—</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband			<i>—</i>			
Father's Name	<i>Franklin White</i>					Father's Birthplace	<i>Md</i>		
Mother's Maiden Name	<i>Lillian Darling</i>					Mother's Birthplace	<i>S. Dabotah</i>		
Name of person giving Information	<i>Robert White</i>					How related to deceased	<i>Brother.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>about 5 days.</i>
Immediate	<i>Pulmonary Oedema</i>	How long	<i>about 12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>R. A. Schooner</i>
		Address	<i>Benning D.C.</i>
Accident or Suicide?	<i>No.</i>		

landover

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wilkens County
Died at Laurel Town
Date of death 1900 April 6
Age Still Born
Sex Male Color or Race White Birth-place Md
Occupation _____
Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name Harry Wilkins Father's Birthplace Md
Mother's Maiden Name Sadie Lergear Mother's Birthplace Md
Name of person giving Information John Lergear How related to deceased Uncle

CAUSES OF DEATH

Primary Still born How long _____
Immediate _____ How long _____
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician J. R. Hewitt
Address Laurel Md

Accident or Suicide

